

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Utah Department of Environmental Quality			Organizational Unit:		
			Department: Utah Department of Environmental Quality		
Organizational DUNS: 826001059			Division: Division of Drinking Water		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:	168 North 1950 West PO Box 144810		Prefix:	First Name: Kenneth	
City:	Salt Lake City		Middle Name:	E.	
County:			Last Name:	Wilde, P.E.	
State:	Utah	Zipcode:	84114-4810		
Country:	U. S. A.		Email:	<a href="mailto:kwilde@utah.gov">kwilde@utah.gov</a>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 87-6000545			Phone Number (give area code) 801 536 4200		Fax Number (give area code) 801 526 4211
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Other (Specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  A. State  Other (Specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
TITLE (Name of Program):			2005 Drinking Water State Revolving Fund		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): State Wide					
<b>13. PROPOSED PROJECT</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date:	7/1/2005	Ending Date:	9/30/2022		
			a. Applicant State Wide b. Project Statewide		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	8,285,500 .00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant		.00	DATE:		
c. State	\$	2,485,650 .00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local		.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other		.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income		.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. Total	\$	10,771,150 .00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix	Mr.	First name	William		Middle Name
Last Name		Sinclair		Suffix	
b. Title Deputy Director				c. Telephone Number (801) 536-4400	
d. Signature of Authorized Representative				e. Date Signed	